

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gg.		11/20/98
O.I.P.E. CLASSIFIER			11-23-98
FORMALITY REVIEW	uon	69350 380	12-4-98 2-26-99

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Insurance
 (Through numeral) Canceled A Appeal
 Restricted O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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